find meteorological records for London from 1882 onwards in Whitaker's Almanack.

The number of deaths from apoplexy in Bath being too few to afford statistics from which reliable conclusions could be drawn, I applied to Dr. D. S. Davies for permission to use the returns for Bristol and so obtained a total of 1575 certificates of deaths from cerebral hæmorrhage, apoplexy, or hemiplegia during the six years 1899-1904. The duration of illness or date of attack is only given in 299 of these certificates; these may not be representative as the date of attack may be more often stated when soon followed by death. In 70 per cent. of these cases death occurred within seven days and in 80 per cent. within one month; 55 deaths, or 18 per cent., being within 24 hours of attack and for these rapidly fatal attacks the following table shows the corrected 9 A.M. readings of the barometer on the day of death and also on the day preceding death; the groups of cases would not be the same. I have also given an approximate estimate of the comparative frequency of attacks of cerebral hæmorrhage at each pressure when allowance is made for the proportion of days of such pressure.

	Barometric pressure (inches).			
	28.8 to 29.4	29.5 to 29.8	29.9 to 30.1	30.2 to 30.8
Death same day ...	6	15	17	17
Death next day ...	5	16	20	14
Estimated ratio ...	21	24	25	29

This empirical estimate founded on a small number of cases seems to support the argument which has been put forward, but a careful consideration of the monthly death-rates from cerebral hæmorrhage, which must be closely related to monthly attack-rates, in connexion with the meteorological conditions of each month for the past six years, leads me to the conclusion that atmospheric conditions have no special influence in determining an attack of cerebral hæmorrhage. January, February, and March are the months which show the highest death-rates from cerebral hæmorrhage and also from all other causes among elderly people. The Registrar-General's annual reports prove that the death-rate from apoplexy and cerebral hæmorrhage varies always in the same direction as the death-rate of deaths from all causes among persons between 65 and 75 years of age, although these special diseases cause less than 10 per cent. of all deaths at such ages.

I am, Sirs, yours faithfully,
Bath, Jan. 29th, 1905. W. H. SYMONS.

THE PRINCIPLES OF TREATMENT OF PNEUMONIA.

To the Editors of THE LANCET.

SIRS,—The able letter published in THE LANCET of Jan. 28th by Dr. A. G. Auld in criticism of my recent address on the Principles of Treatment of Pneumonia would have been still more welcome and valued had it been less exclusively devoted to the discussion of debatable points of theory. We are in full agreement in recognising that the first principle of treatment should be to prevent the invasion and the second to summon at once the force needed for its suppression. Although former attempts have failed to carry out these objects our hopes have been revived by Wright and Douglas's brilliant observations and may perhaps be at the eve of their fulfilment. But there is one point upon which we remain at variance. I still regard the risks which attach to lobar consolidation and to disablement of the lung as greatly in excess of any advantages which may belong to them in nature's scheme of cure. Preventive treatment, when it comes, will obviate pneumonic consolidation; and the anti-pneumococcus treatment of the future would presumably either forestall its occurrence or insure that arrest of its full development which it is the present endeavour to secure. Since an immediate cure cannot yet be attained, let us aim at as speedy a cure as may with safety be achieved with the remedies at our disposal. I believe that much can be effected by prompt and judicious action on the lines proved to be correct by the clinical results. Those measures which I have found to succeed in

materially shortening or modifying the course of the attack are best described in one word by "elimination." To get rid of the germs and of the products of disease is to liberate the powers of health, which include any opsonic powers special to serum. How this is to be best effected and most quickly must have engaged the attention of many clinical workers. Their practical criticisms and suggestions would be most valuable as the special kind of help which the address was intended to invite.

I am, Sirs, yours faithfully,
Curzon-street, W., Jan. 28th, 1905. WM. EWART.

P.S.—*Dechloridation* does not at present form part of my treatment. As I have employed it in one case only, that reported in my address, I keep an open mind as to its merits with considerable doubt as to its value.

BED-GEAR FOR INVALIDS.

To the Editors of THE LANCET.

SIRS,—In a recent number you published the design of a useful invalid night-gown. There is another simple garment often wanted by invalids which it is generally difficult or impossible to procure at a short notice and which, it seems to me, might profitably be put upon the market by an enterprising firm. I refer to a bed-jacket or covering for the shoulders, arms, and chest. Most people when confined to bed, even for a short time, need such a covering and in many hospitals bed-jackets of various kinds are provided, but in private it is generally found necessary to improvise such a garment or to use shawls or similar articles, all of which are unsuitable, in one or other way, for the object needed. What is wanted is a fairly closely-fitting jacket, extending to the waist, easily opened front and back, and with arms fastening at the wrists. It could be made of any woollen or soft material, preferably, I think, knitted. Such a bed-jacket I find it almost impossible to get in private and I feel sure that if a garment of this sort were put upon the market it would find a very large demand and many households would provide themselves with two or three of different sizes for use in any case of illness. Only this week a patient of mine, a gentleman of a practical turn of mind, asked me why we medical men did not suggest a suitable bed-jacket for housewives to keep in readiness for sickness. After trying various arrangements of shawls, &c., all equally unbearable, he had fallen back on a dressing-gown which, of course, while fulfilling the purpose of covering the arms and shoulders, still encumbered the bed with unnecessary skirts. I defended my profession as well as I could and said that we were not oblivious of such details as there had been quite lately in THE LANCET a beautiful picture of a convenient invalid nightdress. He insisted that his bed-jacket was of far greater importance and I am inclined to think he was right.

I am, Sirs, yours faithfully,
Bromsgrove, Worcestershire, Jan. 27th, 1905. H. CAMERON KIDD.

INDIAN UNIVERSITY DEGREES AND THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editors of THE LANCET.

SIRS,—In replying to a correspondent in your issue of Nov. 12th, 1904, you mention that "the L.M. & S. is not a degree—it is a diploma." The University of Bombay calls it "the degree of L.M. & S." There is no such degree as M.B. in this University. The Vice-Chancellor when admitting us as graduates of the University also pronounces at the convocation, "I admit you to the degree of L.M. & S." I admit that the University should not have used the word "Licentiate" while granting a degree and that the degree of M.B. should have been instituted when the Faculty of Medicine was founded.

In other universities, such as those of Madras, Dublin, &c., where licences are granted in addition to the degree of Bachelor of Medicine, the L.M. & S. may properly be regarded as a licence, but such is not the case with the University of Bombay. It would be well for the examining boards in the United Kingdom to read the calendars of the

different universities before framing regulations concerning their mutual arrangements.

I am, Sirs, yours faithfully,
D. R. TATA, L.M. & S. Bombay.

* * If our correspondent will refer to p. 1448 of THE LANCET of Nov. 19th, 1904, he will there see a letter from Mr. S. B. Gadgil giving similar information and a note by ourselves stating that according to the testamur the L.M. & S. of the University of Bombay is called a degree.—
ED. L.

THE TREATMENT OF STRABISMUS.

To the Editors of THE LANCET.

SIRS,—With respect to the operation of lengthening the tendon in cases of strabismus, described in THE LANCET of Jan. 28th (p. 254), by Dr. Landolt of Paris, I may perhaps be permitted to point out that I adopted a similar operation several years ago. In July, 1902, I read a note upon my method before the Ophthalmological Society and at the same time showed several patients upon whom the operation had been performed. I showed by diagrams that the tendon of the internal rectus might be lengthened in several ways without disturbing its insertion into the sclera. My communication was published in the Society's Transactions, vol. xxii. (1902), p. 276. I believe I am correct in claiming that I was the first to devise and to perform the operation now described by Dr. Landolt under the name of "muscular elongation." I am, Sirs, yours faithfully,

Welbeck-street, W., Jan. 30th, 1905. SYDNEY STEPHENSON.

THE QUESTION OF TESTIMONIALS.

To the Editors of THE LANCET.

SIRS,—My attention has been called to an advertisement in THE LANCET with the *facsimile* of a letter, or part of a letter, commending a medical preparation, which is signed "Always truly yours, James Paget." It is not in the handwriting of Sir James Paget. The firm who sent it to you assure me that it has been in their possession for some 30 years and that they have always regarded it as genuine. It may, of course, be a copy of part of a private letter written long ago by Sir James Paget, but there is not the faintest reason for thinking that it was written to the firm who have lately used it as an advertisement.

I am, Sirs, yours faithfully,
Harley-street, W., Feb. 1st, 1905. STEPHEN PAGET.

THE TREATMENT OF PULMONARY TUBERCULOSIS.

To the Editors of THE LANCET.

SIRS,—I was glad to see Dr. A. C. Falkiner in THE LANCET of Jan. 14th draw attention to the harm done by "stuffing" in sanatorium treatment. A great many patients, and unfortunately some doctors, are dissatisfied unless they see a weekly gain in weight. But everyone who has any experience of sanatorium treatment must remember cases where increase of weight and progress of disease have occurred at the same time. But even in favourable cases a rapid increase of weight throws a great strain on the heart and produces breathlessness and this in spite of uphill walking. Quite recently I saw a young man return from a short stay at a sanatorium with his lung distinctly improved but a pulse-rate never below 125 and going up to 140 and over on exertion, which undoubtedly was due to a large deposit of fat, and yet he was taking walking exercise up to five and seven miles per day. Another evil effect of "stuffing" is the respiratory distress produced by distension of the stomach. In a well-known sanatorium I have seen patients rise from table and on walking a few yards commence gasping for breath. This is mainly produced by a large quantity of carbohydrate diet, which I maintain is the cause of much discomfort to phthisical patients. Of course the large amount of carbohydrate diet increases weight rapidly and so produces a favourable impression on the patient's friends of the result of the treatment. As to the effect of foggy, rainy winters on some cases, I think they do harm. I have watched cases even in Germany go downhill whenever the misty days began but improve on moving to a warmer and drier atmosphere. As in every department of medicine it is wrong to dogmatise,

but I am quite sure that many cases, especially in females, have gone back through persevering in the "Spartan" methods during damp winters.

I am, Sirs, yours faithfully,
X.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

The Sanitary Condition of Simla.

THE occurrence of several cases of enteric fever in Simla in 1903 and 1904 amongst the European and Eurasian population has called attention to the sanitary condition of this station. I understand that the Lieutenant-Governor of the Punjab has appointed a committee, consisting of the sanitary commissioner, the judge advocate general, the sanitary engineer, and the civil surgeon, to make full inquiries into the various complaints which have of late been made. Amongst other grievances may be mentioned the trenching of night soil and the foul smells along the Mall and other roads, the collections of putrefying matter permitted to remain, and the shortage of water during the summer months. The drinking water is in quality undoubtedly good. Simla is growing and the station is overcrowded and complaint is made that the houses are too close together one above the other on the hillsides. The sewage works are not yet completed and the arrangements for carrying off the sewage water are insufficient. The septic tank at the bottom of the valley is admittedly a success but the incinerator used for burning refuse works slowly and is of a crude construction. The dhobies wash the clothes in hill streams but also doubtless in foul pools. The cows and buffaloes are kept in crowded and dirty byres in the villages. It is suggested that the annual occurrence of fevers amongst the natives every spring may be due to typhoid fever but the registration of the causes of deaths is so defective that the supposition is mere guesswork. The milk-supply is open to grave suspicion of constant contamination.

The Increasing Plague Mortality.

The plague mortality throughout India is rapidly mounting up. For the week ending Dec. 31st, 1904, there were 22,645 deaths, as compared with 19,465 for the previous seven days. The increase is almost entirely in the Punjab and the United Provinces. The detailed figures are: in the United Provinces, 9574, against 6822 last week; the Punjab, 4643, against 3940; Bombay districts, 3774, against 4154; Bengal, 2496, against 2005; Hyderabad State, 516, against 809; Madras districts, 367, against 353; Rajputana, 314, against 345; Mysore State, 282, against 319; and Central India, 121, against 132. I have frequently drawn attention to the absence of mention of Poona city in these weekly figures, notwithstanding that plague has been raging very severely for two or three months past. The deaths in this city have been included in the figures for the Bombay districts but it appears that the recent outbreak caused 71 deaths in September, 654 in October, and 1337 in November. Since the census of 1901, when Poona was credited with 153,320 inhabitants, there have been no less than 15,587 deaths from plague alone. The rate of mortality during November was 104 per 1000 per annum from plague. This city has lost nearly 40,000 of its inhabitants from plague since the first visitation of the disease in 1896.

Social Reforms amongst the Indian People.

The recent Indian Social Conference in Bombay indicates a great change in the opinions of the leaders of the various native communities upon questions concerning social reform. I find a resolution was passed that the custom of child marriage is most injurious to the physical, economic, and social well-being of the people. In the Baroda State marriage of girls under 12 years of age has been discouraged by recent legislation. A motion was also carried expressing cordial sympathy with the temperance movement and adopting the resolution passed at the last All India Temperance Conference. A further motion considered enforced widowhood as an infringement of the rights of women and recommended that all obstacles in the way of the marriage of widows should be removed. It is not generally known what a large proportion of girls under ten years of age are married. The census gives a rate of 115 per 1000 females and for child widows 6 per 1000 females. This